



Form O: Consolidated Local Service Plan

The Texas Health and Human Services (HHSC) requires all local mental health authorities (LMHA) and local behavioral health authorities (LBHA) submit the Consolidated Local Service Plan (CLSP) for fiscal year 2025 by **December 31, 2024** to Performance.Contracts@hhs.texas.gov and CrisisServices@hhs.texas.gov.

Introduction

The Consolidated Local Service Plan (CLSP) encompasses all service planning requirements for local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs). The CLSP has three sections: Local Services and Needs, the Psychiatric Emergency Plan, and Plans and Priorities for System Development.

The CLSP asks for information related to community stakeholder involvement in local planning efforts. The Health and Human Services Commission (HHSC) recognizes that community engagement is an ongoing activity and input received throughout the biennium will be reflected in the local plan. LMHAs and LBHAs may use a variety of methods to solicit additional stakeholder input specific to the local plan as needed. In completing the template, please provide concise answers, using bullet points. Only use the acronyms noted in Appendix B and language that the community will understand as this document is posted to LMHAs' and LBHAs' websites. When necessary, add additional rows or replicate tables to provide space for a full response.

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Section I: Local Services and Needs

I.A Mental Health Services and Sites

In the table below, list sites operated by the LMHA or LBHA (or a subcontractor organization) providing mental health services regardless of funding. Include clinics and other publicly listed service sites. Do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes. Add additional rows as needed.

List the specific mental health services and programs provided at each site, including whether the services are for adults, adolescents, and children (if applicable).

- Screening, assessment, and intake
- Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children
- Extended observation or crisis stabilization unit
- Crisis residential or respite unit, or both
- Diversion centers
- Contracted inpatient beds
- Services for co-occurring disorders
- Substance use prevention, intervention, and treatment
- Integrated healthcare: mental and physical health
- Services for people with Intellectual or Developmental Disorders (IDD)
- Services for veterans
- Other (please specify)

Table 1: Mental Health Services and Sites

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
MHMR Concho Valley (MHMRCV)– Behavioral Health (BH) Outpatient Clinic	202 N. Main St., San Angelo, TX 76903	(325) 658-7750	Tom Green	Outpatient Clinic	<ul style="list-style-type: none"> • Adult Services • Screening, assessment, and intake • TX Resilience & Recovery (TRR) outpatient services • Services for co-occurring disorders • Integrated health care: mental and physical health • Substance use prevention, intervention, or treatment
MHMRCV – Family & Youth Guidance Center	424 S. Oakes St., San Angelo, TX 76903	(325) 658-7750	Tom Green	Family & Youth Guidance Center	<ul style="list-style-type: none"> • Children/Adolescents Services • Screening, assessment, and intake • TX Resilience & Recovery (TRR) outpatient services • Services for co-occurring disorders
MHMRCV – Children’s Mental Health (CMH) Skills Training Center	902 Spaulding, San Angelo, TX 76903	(325) 658-7750	Tom Green	CMH Skills Training Center	<ul style="list-style-type: none"> • Children/Adolescents Services • TX Resilience & Recovery (TRR) outpatient services (Skills Training)
MHMRCV – Crisis Respite Center	244 N. Magdalen St., Bldg. #240, San Angelo, TX 76903	(325) 658-7750	Tom Green	Crisis Respite Center	<ul style="list-style-type: none"> • Adult Services • Crisis Respite
MHMRCV – Rural Assertive Community Treatment Team (RACT)	244 N. Magdalen St., Bldg. #242, San Angelo, TX 76903	(325) 658-7750	Tom Green	Rural Assertive Community Treatment Team	<ul style="list-style-type: none"> • Adult Services • TX Resilience & Recovery (TRR) outpatient services • Services for co-occurring disorders
MHMRCV – Mobile Crisis Outreach Team (MCOT)	244 N. Magdalen St., Bldg. #242, San Angelo, TX 76903	(325) 658-7750	Tom Green	Mobile Crisis Outreach Team	<ul style="list-style-type: none"> • Adult Services • Children/Adolescents Services • TX Resilience & Recovery (TRR) outpatient services

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
MHMRCV – Supportive Housing/Rental Assistance	244 N. Magdalen St., Bldg. #242, San Angelo, TX 76903	(325) 658-7750	Tom Green	Supportive Housing/Rental Assistance	<ul style="list-style-type: none"> • Adult Services • Housing Assistance
MHMRCV – Military Veteran Peer Network (MVPN)	1501 W. Beauregard, San Angelo, TX 76901	(325) 658-7750	Tom Green	Military Veteran Peer Network	<ul style="list-style-type: none"> • Adult Services • Services for veterans.
MHMRCV – San Angelo Clubhouse	404 S. Irving St., San Angelo, TX 76903	(325) 617-7884	Tom Green	San Angelo Clubhouse	<ul style="list-style-type: none"> • Adult Recovery Focused Services • Peer support • <u>Other</u>: The San Angelo Clubhouse provides adults living with a mental health diagnosis a place to spend the day, build relationships, receive assistance with personal goals, and learn vocational and life skills that can enrich their lives and the community.
MHMRCV – Crisis Diversion Center	244 N. Magdalen St., Bldg. #250, San Angelo, TX 76901	(325) 658-7750	Tom Green	Crisis Diversion Center	<ul style="list-style-type: none"> • Adult Services • Crisis triage and 23-hour observation capable of addressing co-occurring MH and SUD needs. • Screening for suicide risk/planning and rapid psychiatric and counseling support, medical assistance for minor issues, case management/coordination • Linkage to postvention services • Crisis Residential

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
MHMRCV – Administration and IDD Services	1501 W. Beauregard, San Angelo, TX 76901	(325) 658-7750	Tom Green	Administration and IDD Services	<ul style="list-style-type: none"> • Services for individuals with IDD • Services for co-occurring disorders
MHMRCV – IDD Crisis Respite Services	244 N. Magdalen St., Bldg. #250, San Angelo, TX 76903	(325) 658-7750	Tom Green	IDD Crisis Respite	<ul style="list-style-type: none"> • Services for individuals with IDD
West Texas Counseling and Guidance	36 E. Twohig Ave., Ste. 600, San Angelo, TX 76903	(325) 944-2561	Tom Green	Counseling	<ul style="list-style-type: none"> • Adult Services • TRR outpatient services – CBT and CPT
Concho Valley Community Supervision and Corrections Department (CSCD)	3036 N. Bryant Blvd., San Angelo, TX 76903	(325) 659-6544	Tom Green	Community Supervision and Corrections Department	<ul style="list-style-type: none"> • Adult Services • TX Resilience & Recovery (TRR) outpatient services
Tom Green County Juvenile Justice Center (JJC)	1253 W. 19 th St., San Angelo, TX 76903	(325) 655-2323	Tom Green	Juvenile Justice Center	<ul style="list-style-type: none"> • Children/Adolescents Services • TX Resilience & Recovery (TRR) outpatient services
Tom Green County Court Residential Treatment Center (CRTC)	3398 McGill Blvd., San Angelo, TX 76905	(325) 655-7585	Tom Green	Court Residential Treatment Center	<ul style="list-style-type: none"> • Adult Services • TX Resilience & Recovery (TRR) outpatient services
Tom Green County Adult Parole Office	938 Arroyo St., San Angelo, TX 76904	(325) 947-8644	Tom Green	Adult Parole Office	<ul style="list-style-type: none"> • Adult Services • TX Resilience & Recovery (TRR) outpatient services
Tom Green County Jail	4382 N. US Hwy 277, San Angelo, TX 76905	(325) 659-6597	Tom Green	County Jail	<ul style="list-style-type: none"> • Adult Services • Jail Diversion • Military Veteran Peer Network • Mobile Crisis Outreach • Jail Based Competency Restoration • Jail Based Continuity of Care

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Shannon Behavioral Health	2018 Pulliam St., San Angelo, TX 76905	(325) 747-1511	Tom Green	Behavioral Health Inpatient	<ul style="list-style-type: none"> • Adult Services • Contracted Inpatient Beds
Shannon Rivercrest Hospital	1636 Hunters Glen Rd., San Angelo, TX 76901	(325) 949-5722	Tom Green	Behavioral Health Inpatient	<ul style="list-style-type: none"> • Adult Services • Children/Adolescents Services • Contracted Inpatient Beds

I.B Mental Health Grant Program for Justice-Involved Individuals

The Mental Health Grant Program for Justice-Involved Individuals is a grant program authorized by in Chapter 531, Texas Government Code, Section 531.0993 to reduce recidivism rates, arrests, and incarceration among people with mental illness, as well as reduce the wait time for people on forensic commitments. The 2024-25 Texas General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023, (Article II, HHSC, Rider 48) appropriated additional state funding to expand the grant and implement new programs. The Rural Mental Health Initiative Grant Program, authorized by Texas Government Code, Section 531.09936, awarded additional state funding to rural serving entities to address the mental health needs of rural Texas residents. These grants support community programs by providing behavioral health care services to people with a mental illness encountering the criminal justice system and facilitate the local cross-agency coordination of behavioral health, physical health, and jail diversion services for people with mental illness involved in the criminal justice system.

In the table below, describe projects funded under the Mental Health Grant Program for Justice-Involved Individuals, Senate Bill 1677, and Rider 48. Number served per year should reflect reports for the previous fiscal year. If the project is not a facility; indicate N/A in the applicable column below. Add additional rows if needed. If the LMHA or LBHA does not receive funding for these projects, indicate N/A and proceed to I.C.

Table 2: Mental Health Grant for Justice-Involved Individuals Projects

Fiscal Year	Project Title (include brief description)	County(s)	Type of Facility	Population Served	Number Served per Year
N/A	N/A	N/A	N/A	N/A	N/A

I.C Community Mental Health Grant Program: Projects related to jail diversion, justice-involved individuals, and mental health deputies

Section 531.0999, Texas Government Code, requires HHSC to establish the Community Mental Health Grant Program, a grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for people experiencing mental illness. The Community Mental Health Grant Program is designed to support comprehensive, data-driven mental health systems that promote both wellness and recovery by funding community-partnership efforts that provide mental health treatment, prevention, early intervention, or recovery services, and assist with people transitioning between or remaining in mental health treatment, services and supports.

In the table below, describe Community Mental Health Grant Program projects related to jail diversion, justice-involved individuals, and mental health deputies. Number served per year should reflect reports for the previous fiscal year. Add additional rows if needed. If the LMHA or LBHA does not receive funding for these projects, indicate N/A and proceed to I.D.

Table 3: Community Mental Health Grant Program Jail Diversion Projects

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
FY '24	<p><u>Title:</u> MHMR Concho Valley: "Continuum of Care: From Crisis to Recovery"</p> <p><u>Description:</u> To implement a rapid and effective system of care that assists a person from crisis onset, REDUCES suicide, improves depression care, and offers COPSD interventions across a spectrum of agencies and providers. The goal of this project is to expand/enhance access and availability of timely and effective crisis mental health and COPSD services delivered by a coalition of agencies serving individuals in 7 counties located in rural West Texas.</p>	Coke Concho Crockett Irion Reagan Sterling Tom Green	<p><u>Adults</u>- with severe and persistent mental illness and serious emotional disturbances; COPSD.</p> <p><u>Children, Youth, and Adolescents</u>- West Texas Counseling and Guidance assesses children 5 and up for Zero Suicide Initiative; child must understand death permanence in order to be assessed for suicide.</p>	FY '24 = 772

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
FY '25	<p><u>Title:</u> MHMR Concho Valley: "Continuum of Care: From Crisis to Recovery"</p> <p><u>Description:</u> To implement a rapid and effective system of care that assists a person from crisis onset, REDUCES suicide, improves depression care, and offers COPSD interventions across a spectrum of agencies and providers. The goal of this project is to expand/enhance access and availability of timely and effective crisis mental health and COPSD services delivered by a coalition of agencies serving individuals in 7 counties located in rural West Texas.</p>	Coke Concho Crockett Irion Reagan Sterling Tom Green	<p>Adults- with severe and persistent mental illness and serious emotional disturbances; COPSD.</p> <p>Children, Youth, and Adolescents- West Texas Counseling and Guidance assesses children 5 and up for Zero Suicide Initiative; child must understand death permanence in order to be assessed for suicide.</p>	Target number to be served in FY '25 = 750

I.D Community Participation in Planning Activities

Identify community stakeholders that participated in comprehensive local service planning activities.

Table 4: Community Stakeholders

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	People receiving services	<input checked="" type="checkbox"/>	Family members
<input checked="" type="checkbox"/>	Advocates (children and adult)	<input checked="" type="checkbox"/>	Concerned citizens or others

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	Local psychiatric hospital staff (list the psychiatric hospital and staff that participated): <ul style="list-style-type: none"> Shannon Behavioral Health Shannon Rivercrest Hospital Heidi Sauer, Administrative Director, Shannon Behavioral Health Bethany Bradley, Practice Manager, Outpatient Behavioral Health Services 	<input checked="" type="checkbox"/>	State hospital staff (list the hospital and staff that participated): <ul style="list-style-type: none"> <u>Big Spring State Hospital</u> – Robin Riha, LMSW - Director of Social Services Jennifer Patton, LMSW, LCSWi - Assistant Director of Social Services Brenda Aguero, LMSW, LCSWi - Discharge Planning Specialist Diana Espinosa - Case Manager, Special Needs Amanda Meranto - Case Manager Jenissa Hendrickson - Case Manager Heather Spence - Case Manager Cara Hamblin - Case Manager Amanda Wadsworth - Case Manager Esmeralda Elizalde - Social Worker Reina Gardner - Case Manager Kellee Green - Social Services Administrative Assistant
<input checked="" type="checkbox"/>	Mental health service providers	<input checked="" type="checkbox"/>	Substance use treatment providers
<input checked="" type="checkbox"/>	Prevention services providers	<input type="checkbox"/>	Outreach, Screening, Assessment and Referral Centers
<input checked="" type="checkbox"/>	County officials (list the county and the name and official title of participants): <ul style="list-style-type: none"> Tom Green County Judge Lane Carter Tom Green County Commissioners: Ralph Hoelscher, Sammy Farmer, Rick Bacon, Shawn Nanny Tom Green County Clerk Christina Ubando Tom Green County Treasurer Dianna Spieker Tom Green County Justice of the Peace Eddie Howard Tom Green County Justice of the Peace Susan Werner Crockett County Judge Frank Tambunga Reagan County Judge Jim O'Bryan Concho County Judge David Dillard Sterling County Judge Deborah Horwood Coke County Judge Hal Spain 	<input checked="" type="checkbox"/>	City officials (list the city and the name and official title of participants): <ul style="list-style-type: none"> San Angelo City Mayor - Brenda Gunter San Angelo City Council members – Lucy Gonzales, Harry Thomas San Angelo City Manager – Daniel Valenzuela San Angelo Health Services Director, Sandra Villarreal

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	Federally Qualified Health Center and other primary care providers	<input checked="" type="checkbox"/>	LMHA LBHA staff <i>*List the LMHA or LBHA staff that participated:</i> <ul style="list-style-type: none"> Jenny Goode, CEO, Betty Hardwick Center Sherri Bohr, CEO, Central Plains Center Chris Barnhill, CEO, PermianCare Beth Lawson, CEO, StarCare Specialty Health System Rodney Jones, CEO, West Texas Centers Dion White, CEO Center for Life Resources
<input checked="" type="checkbox"/>	Hospital emergency room personnel	<input checked="" type="checkbox"/>	Emergency responders
<input checked="" type="checkbox"/>	Faith-based organizations	<input checked="" type="checkbox"/>	Local health and social service providers
<input checked="" type="checkbox"/>	Probation department representatives	<input checked="" type="checkbox"/>	Parole department representatives
<input checked="" type="checkbox"/>	Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): <ul style="list-style-type: none"> Ben Woodward, District Judge 119th Judicial District Jay Weatherby, District Judge 340th Judicial District Brad Goodwin, District Judge 391st Judicial District Carmen Dusek, District Judge, 51st Judicial District John Best, 119th District Attorney Allison Palmer, 51st District Attorney Tom Green County Attorney Chris Taylor Joe Stephens, Chief Public Defender, Concho Valley Public Defender's Office 	<input checked="" type="checkbox"/>	Law enforcement (list the county or city and the name and official title of participants): <ul style="list-style-type: none"> San Angelo Police Chief, Travis Griffith Adam Scott, Assistant Police Chief, SAPD Tom Green Sheriff Nick Hanna, San Angelo, TX Tom Green County Major of the Jail, Beth Holland-Mull Reagan County Sheriff Jeff Garner, Big Lake, TX Reagan County Chief Deputy Destin Wilha Reagan County Jail Administrator, Rosie Ortiz Sterling County Sheriff Russell Irby, Sterling City, TX Crockett County Chief Deputy, Arnulfo Bravo Crockett County Sergeant Jesse Perez, Ozona, TX Coke County Chief Deputy Billy Williams, Robert Lee, TX Concho County Chief Deputy Brent Frazier, Eden, TX

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	Education representatives	<input checked="" type="checkbox"/>	Employers or business leaders
<input checked="" type="checkbox"/>	Planning and Network Advisory Committee	<input checked="" type="checkbox"/>	Local peer-led organizations
<input type="checkbox"/>	Peer specialists	<input checked="" type="checkbox"/>	IDD Providers
<input type="checkbox"/>	Foster care or child placing agencies	<input checked="" type="checkbox"/>	Community Resource Coordination Groups
<input checked="" type="checkbox"/>	Veterans' organizations	<input checked="" type="checkbox"/>	Housing authorities
<input checked="" type="checkbox"/>	Local health departments	<input type="checkbox"/>	Other: _____

Describe the key methods and activities used to obtain stakeholder input over the past year, including efforts to ensure all relevant stakeholders participate in the planning process.

Response:

Planning and Network Advisory Committee meetings
Board of Trustees meetings
All Texas Access Initiative
San Angelo Homeless Coalition
Concho Valley Health and Social Resources Coalition
MHMR Concho Valley social media
San Angelo Clubhouse Advisory Committee
Jail Diversion Partnership
Sponsoring Agency meetings
One-on-one meetings with city or county officials
One-on-one meetings with San Angelo Independent School District staff or school board officials
Concho Valley Suicide Prevention Coalition
NAMI of San Angelo
Sequential Intercept Model (SIM) meetings
Concho Valley Behavioral Health Needs Assessment
SAMHSA Policy Academy meetings

List the key issues and concerns identified by stakeholders, including unmet service needs. Only include items raised by multiple stakeholders or that had broad support.

Response:

- Substance Use Disorder services for youth
- Jail based behavioral health/psychiatry services
- Psychiatric & behavioral support for individuals with IDD
- Behavioral health workforce shortages

- Lack of psychiatrists in the community
- Lack of Licensed Professional Counselors
- Housing for people with serious and persistent mental illness
- Need for expanded Crisis Services – Community Response Team
- Assisted Outpatient Treatment
- Veterans services
- Suicide prevention activities
- Permanent expansion of telehealth services
- Behavioral health in public schools
- Juvenile Justice Diversion Options such as a Youth Assessment Center and Youth Crisis Respite
- Transportation issues
- Length of time between an appointment request and actual appointment for Behavioral Health Services
- Employment Services

Section II: Psychiatric Emergency Plan

The Psychiatric Emergency Plan is intended to ensure stakeholders with a direct role in psychiatric emergencies have a shared understanding of the roles, responsibilities, and procedures enabling them to coordinate efforts and effectively use available resources. The Psychiatric Emergency Plan entails a collaborative review of existing crisis response activities and development of a coordinated plan for how the community will respond to psychiatric emergencies in a way that is responsive to the needs and priorities of consumers and their families. The planning effort also provides an opportunity to identify and prioritize critical gaps in the community's emergency response system.

The following stakeholder groups are essential participants in developing the Psychiatric Emergency Plan:

- Law enforcement (police/sheriff and jails);
- Hospitals and emergency departments;
- Judiciary, including mental health and probate courts;
- Prosecutors and public defenders;
- Other crisis service providers (to include neighboring LMHAs and LBHAs);
- People accessing crisis services and their family members; and
- Sub-contractors.

Most LMHAs and LBHAs are actively engaged with these stakeholders on an ongoing basis, and the plan will reflect and build upon these continuing conversations.

Given the size and diversity of many local service areas, some aspects of the plan may not be uniform across the entire service area. *If applicable, include separate answers for different geographic areas to ensure all parts of the local service area are covered.*

II.A Developing the Plan

Describe the process implemented to collaborate with stakeholders to develop the Psychiatric Emergency Plan, including, but not limited to, the following:

- Ensuring all key stakeholders were involved or represented, to include contractors where applicable;
- Response: MHMR Concho Valley hosts jail diversion/behavioral health leadership meetings with the following stakeholders: Tom Green County Sheriff's Office (TGCSO), San Angelo Police Department (SAPD), Tom Green County jail staff, local emergency department representatives, Alcohol and Drug Awareness Center of the Concho Valley (ADAC), school administrators, MHMRCV Mobile Crisis Outreach Team (MCOT), local FQHC representatives, Shannon Behavioral Health CSU, Shannon Rivercrest Hospital CSU, Tom Green, Reagan, Coke, Concho, Sterling & Crockett counties mental health deputies, local clergy, Tom Green County Justices of the Peace, local attorneys, Public Defenders Office, and West Texas Counseling and Guidance.
- Ensuring the entire service area was represented; and
- Response: All sheriff's offices and county judges within the 7-county service area are invited to participate in jail diversion/mental health deputy meetings. In addition, two sheriffs serve on the MHMRCV Board of Trustees.
- Soliciting input.
- Response: MHMRCV's Chief Executive Officer meets with elected officials and community partners/stakeholders within the catchment area to seek input on area needs.

MHMRCV conducted a community mental and behavioral health needs assessment of the service area during June/July/Aug. 2024. Stakeholders, including persons served and families, along with community partners were provided the survey. This needs assessment is on a three-year schedule to be readministered.

II.B Using the Crisis Hotline, Role of Mobile Crisis Outreach Teams (MCOT), and the Crisis Response Process

1. How is the Crisis Hotline staffed?

a. During business hours

- Response: Avail Solutions, Inc. is MHMRCV's contracted Crisis Hotline operator. Avail Solutions offers a crisis line which is staffed with Qualified Mental Health Professional staff who are trained and experienced in providing mental health services to individuals in crisis. Many of the Qualified Mental Health Professionals (QMHP) are bilingual (Spanish/English) and able to triage calls, handle crisis situations, and contact MHMRCV on-call staff when necessary. The highly capable personnel are trained and supervised by a licensed mental health professional, ensuring high-quality, reliable service. Avail Hotline staff will: professionally triage incoming calls, record demographic and clinical data, document referrals made, complete follow-up calls. Calls requiring immediate attention will be handled by contacting MHMRCV on-call staff, EMS, law enforcement, and other services relevant to the call. Avail Solutions' staff is available to receive crisis calls 24 hours a day, 7 days a week, 365 days a year.

b. After business hours

- Response: Avail Solutions, Inc. is MHMRCV's contracted Crisis Hotline operator. Avail Solutions offers a crisis line which is staffed with Qualified Mental Health Professional staff who are trained and experienced in providing mental health services to individuals in crisis. Many of the Qualified Mental Health Professionals are bilingual (Spanish/English) and able to triage calls, handle crisis situations, and contact MHMRCV on-call staff when necessary. The highly capable personnel are trained and supervised by a licensed mental health professional, ensuring high-quality, reliable service. Avail Hotline staff will: professionally triage incoming calls, record demographic and clinical data, document referrals made, complete follow-up calls. Calls requiring immediate attention will be handled by contacting MHMRCV on-call staff, EMS, law enforcement, and

other services relevant to the call. Avail Solutions' staff is available to receive crisis calls 24 hours a day, 7 days a week, 365 days a year.

c. Weekends and holidays

- Response: Avail Solutions, Inc. is MHMRCV's contracted Crisis Hotline operator. Avail Solutions offers a crisis line which is staffed with Qualified Mental Health Professional staff who are trained and experienced in providing mental health services to individuals in crisis. Many of the Qualified Mental Health Professionals are bilingual (Spanish/English) and able to triage calls, handle crisis situations, and contact MHMRCV on-call staff when necessary. The highly capable personnel are trained and supervised by a licensed mental health professional, ensuring high-quality, reliable service. Avail Hotline staff will: professionally triage incoming calls, record demographic and clinical data, document referrals made, complete follow-up calls. Calls requiring immediate attention will be handled by contacting MHMRCV on-call staff, EMS, law enforcement, and other services relevant to the call. Avail Solutions' staff is available to receive crisis calls 24 hours a day, 7 days a week, 365 days a year.

2. Does the LMHA or LBHA have a sub-contractor to provide the Crisis Hotline services? If, yes, list the contractor.

Response: Avail Solutions, Inc., 3310 E. 5th St., Tyler, TX 75701, (800) 510-7730

3. How is the MCOT staffed?

a. During business hours

Response: 4 full-time Qualified Mental Health Professionals (QMHP) MCOT Coordinators

b. After business hours

Response: 1 on-call worker per shift; 5 on-call workers on rotation; Monday – Friday 5:00 p.m. – 8:00 a.m.

c. Weekends and holidays

Response: 1 on-call worker per shift; 5 on-call workers on rotation; Saturday – Sunday 8:00 a.m. – 8:00 a.m.

1 full-time Qualified Mental Health Professional (QMHP) per shift
Saturday-Sunday 8:00 a.m. – 6:00 p.m.

4. Does the LMHA or LBHA have a sub-contractor to provide MCOT services? If yes, list the contractor.

Response: N/A

5. Provide information on the type of follow-up MCOT provides (phone calls, face-to-face visits, case management, skills training, etc.).

Response: MCOT Case managers follow up with the individual in crisis via face to face and phone call visits, at local psychiatric facilities, to refer patients to outpatient services. During assessment, MCOT case managers provide service information/referrals for the patients.

6. Do emergency room staff and law enforcement routinely contact the LMHA or LBHA when a person in crisis is identified? If so, please describe MCOT's role for:

- a. Emergency Rooms: Yes, emergency room staff do contact the LMHA via the AVAIL hotline and MCOT is activated by the AVAIL hotline service as appropriate. MCOT provides prompt screening, crisis intervention, and referral when necessary.
- b. Law Enforcement: Yes, law enforcement does contact the LMHA via the AVAIL hotline and MCOT is activated by the AVAIL hotline service as appropriate. MCOT provides prompt screening, crisis intervention, and referral when necessary.

7. What is the process for MCOT to respond to screening requests at state hospitals, specifically for walk-ins?

Response: At the hospitals/psychiatric facilities, the individual is screened by a psychiatric provider and determined to have mental health needs that require state level hospitalization. Hospital staff/psychiatric staff contact the LMHA MCOT coordinator to conduct state level hospitalization transfer screening, if individual is a resident in the LMHA catchment area.

8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?
- a. During business hours:

Emergency Department – Individual with Insurance – Barring the need for further medical intervention, the emergency department should contact Rivercrest Hospital and Shannon Behavioral Health to determine bed availability and refer as needed; In addition, electronic “Xferall” portal is available to determine bed availability. Should the individual be declined at both facilities, contact MCOT via the AVAIL hotline service to assist with placement as needed.

Emergency Department – Individual without insurance or any individual requiring state hospital referral – Barring the need for further medical intervention, contact MCOT via the AVAIL hotline service for screening and referral.

Law Enforcement – Initiate Peace Officer’s Detention Order for individual’s immediate safety and transport to nearest emergency room or psychiatric hospital intake department for assessment and MCOT activation as needed.

b. After business hours:

Emergency Department – Individual with Insurance – Barring the need for further medical intervention, the emergency department should contact Rivercrest Hospital and Shannon Behavioral Health to determine bed availability and refer as needed; In addition, electronic “Xferall” portal is available to determine bed availability. Should the individual be declined at both facilities, contact MCOT via the AVAIL hotline service to assist with placement as needed.

Emergency Department – Individual without insurance or any individual requiring state hospital referral – Barring the need for further medical intervention, contact MCOT via the AVAIL hotline service for screening and referral.

Law Enforcement – Initiate Peace Officer’s Detention Order for individual’s immediate safety and transport to nearest emergency room or psychiatric hospital intake department for assessment and MCOT activation as needed.

c. Weekends and holidays:

Emergency Department – Individual with Insurance – Barring the need for further medical intervention, the emergency department should contact Rivercrest Hospital and Shannon Behavioral Health to

determine bed availability and refer as needed; In addition, electronic "Xferall" portal is available to determine bed availability. Should the individual be declined at both facilities, contact MCOT via the AVAIL hotline service to assist with placement as needed.

Emergency Department – Individual without insurance or any individual requiring state hospital referral – Barring the need for further medical intervention, contact MCOT via the AVAIL hotline service for screening and referral.

Law Enforcement – Initiate Peace Officer's Detention Order for individual's immediate safety and transport to nearest emergency room or psychiatric hospital intake department for assessment and MCOT activation as needed.

9. What is the procedure if a person cannot be stabilized at the site of the crisis and needs further assessment or crisis stabilization in a facility setting?

Response: If determined by psychiatric provider to need state level hospitalization, the psychiatric facility contacts LMHA MCOT Supervisor to place the individual on the Texas State Hospital Waiting List within 24 hours of request. Once a state-level bed becomes available, the local psychiatric facility contacts MCOT Supervisor to conduct a state hospitalization transfer screening with the individual. MCOT Supervisor determines the least restrictive environment based on individual's symptomology.

10. Describe the community's process if a person requires further evaluation, medical clearance, or both.

Response: If a persistent medical need is indicated, the individual is referred, either voluntarily or involuntarily, to a local emergency department prior to receiving psychiatric treatment. Once medically cleared/stable, the individual is assessed by licensed mental health/emergency department staff, who then activate MCOT via the AVAIL hotline service for screening and referral.

11. Describe the process if a person needs admission to a psychiatric hospital.

Response: MCOT determines the individual's status as a voluntary or involuntary admission. As needed and if applicable, MCOT assists in applying for an Emergency Detention Order for involuntary admissions. MCOT determines the least restrictive environment necessary for the individual's safety. MCOT makes the appropriate referral to a local contracting private psychiatric facility or state hospital. MCOT provides the LMHA screening to

the receiving hospital's intake department. MCOT assists in arranging transportation with the local Mental Health Deputies for involuntary admissions.

12. Describe the process if a person needs facility-based crisis stabilization (i.e., other than psychiatric hospitalization and may include crisis respite, crisis residential, extended observation, or crisis stabilization unit).

Response: MHMRCV operates a mental health Crisis Respite facility for adults. For individuals requiring Crisis Respite, MCOT can contact the MH Crisis Respite staff to check bed availability and make the referral. MCOT staff, or a Qualified Mental Health Professional on shift at the MH Crisis Respite facility, completes a crisis ANSA to authorize bed days

13. Describe the process for crisis assessments requiring MCOT to go into a home or alternate location such as a parking lot, office building, school, under a bridge or other community-based location.

Response: MCOT is activated by AVAIL hotline. If the alternate location is deemed to be secure, two MCOT workers will respond to the location of the crisis to perform the necessary screening and referrals. If the alternate location is not deemed to be secure, the MCOT will request mental health deputies transport the individual in crisis to a safe location (such as an emergency department) for the screening and referral. The safety of each alternate location is reviewed on a case-by-case basis.

14. If an inpatient bed at a psychiatric hospital is not available, where does the person wait for a bed?

Response: If the individual presents in an emergency department – The individual will be admitted to the medical hospital associated with that emergency department in accordance with the medical hospital's admissions protocols. If the individual is in jail – The individual will remain in the custody of jail staff for observation as allowed by the individual's charges/detention order. Should the individual require immediate release from custody or medical clearance, they will be referred to the nearest emergency department for further evaluation. If the individual is presenting in a private psychiatric facility intake department – The individual will be referred to the nearest comparable facility for treatment due to limited bed availability.

15. Who is responsible for providing ongoing crisis intervention services until the crisis is resolved or the person is placed in a clinically appropriate environment at the LMHA or LBHA?

Response: MCOT will remain responsible for providing continued crisis intervention services for those individuals referred via the AVAIL hotline service.

16. Who is responsible for transportation in cases not involving emergency detention for adults?

Response: Depending on the location of the individual in crisis, the service organization or hospital in charge of the individual's care will be responsible for arranging transportation via a non-emergency ambulance, taxi service, or agreeable family member/friend. Individuals in crisis at an MHMRCV facility will be transported as necessary by case management staff, Mental Health Crisis Respite staff, or an agreeable family member/friend.

17. Who is responsible for transportation in cases not involving emergency detention for children?

Response: Depending on the location of the individual in crisis, the service organization or hospital in charge of the individual's care will be responsible for arranging transportation via a non-emergency ambulance, taxi service, or agreeable family member/friend. Individuals in crisis at an MHMRCV facility will be transported as necessary by case management staff, Mental Health Crisis Respite staff, or an agreeable family member/friend.

Crisis Stabilization

Use the table below to identify the alternatives the local service area has for facility-based crisis stabilization services (excluding inpatient services). Answer each element of the table below. Indicate "N/A" if the LMHA or LBHA does not have any facility-based crisis stabilization services. Replicate the table below for each alternative.

Table 5: Facility-based Crisis Stabilization Services

Name of facility	MHMRCV Mental Health Crisis Respite
Location (city and county)	San Angelo, TX/Tom Green County
Phone number	(325) 658-7750

Name of facility	MHMRCV Mental Health Crisis Respite
Type of facility (see Appendix A)	Crisis Respite
Key admission criteria	Adult individuals with present or history of mental illness; no active suicidal/homicidal thoughts; need for medication monitoring or “respite” from current stressors.
Circumstances under which medical clearance is required before admission	Presence of active heart condition causing current symptoms, severe pain, flu symptoms, suicidal/homicidal ideation, detox risk.
Service area limitations if any	MHMRCV catchment area as well as individuals from other areas of the state and out of state who present and qualify for crisis respite services.
Other relevant admission information for first responders	N/A
Does the facility accept emergency detentions?	No
Number of beds	12
HHSC funding allocation	\$266,901

Name of facility	MHMRCV Crisis Diversion Center
Location (city and county)	San Angelo, TX/Tom Green County
Phone number	(325) 658-7750
Type of facility (see Appendix A)	Crisis Diversion Center
Key admission criteria	18 years of age, suspected mental illness or social need such as homeless, patient must be voluntary admission.
Circumstances under which medical clearance is required before admission	Presence of active heart condition causing current symptoms, severe pain, flu symptoms, history of seizures.
Service area limitations if any	No
Other relevant admission information for first responders	Patient admission must be voluntary, nonviolent, and not actively intoxicated.
Does the facility accept emergency detentions?	No
Number of beds	6
HHSC funding allocation	\$1,016,309

Inpatient Care

Use the table below to identify the alternatives to the state hospital the local service area has for psychiatric inpatient care for uninsured or underinsured people. Answer each element of the table below. Indicate "N/A" if an element does not apply to the alternative provided. Replicate the table below for each alternative.

Table 6: Psychiatric Inpatient Care for Uninsured or Underinsured

Name of facility	Shannon Behavioral Health
Location (city and county)	San Angelo/Tom Green County
Phone number	(325) 747-1511
Key admission criteria	Suicidal/homicidal ideation, psychosis, severe mental health decompensation
Service area limitations if any	N/A
Other relevant admission information for first responders	Must be assessed by Shannon Medical Center Emergency Department
Number of beds	22
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Yes Community-Based Crisis Programs Private Psychiatric Beds Community Mental Health Grant

Name of facility	Shannon Behavioral Health
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Per contract, the hospital bills Concho Valley for approved inpatient stay via a daily rate. Contract includes a ceiling on potential billing.
If under contract, what is the bed day rate paid to the contracted facility?	Private Psychiatric Beds - \$800.00/day Psychiatric Emergency Service Center - \$2,600 for first three days & \$800/day after Crisis Stabilization Unit (up to 3 days stay) - \$500/day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	Facility is under contract
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	Facility is under contract

Name of facility	Shannon Rivercrest Hospital
Location (city and county)	San Angelo/Tom Green County
Phone number	(325) 949-5722
Key admission criteria	Suicidal/homicidal ideation, psychosis, severe mental health decompensation, substance use
Service area limitations if any	N/A
Other relevant admission information for first responders	N/A
Number of beds	80
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes

Name of facility	Shannon Rivercrest Hospital
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Yes Community-Based Crisis Programs Private Psychiatric Beds Community Mental Health Grant
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Per contract, the hospital bills Concho Valley for approved inpatient stay via a daily rate. Contract includes a ceiling on potential billing.
If under contract, what is the bed day rate paid to the contracted facility?	Private Psychiatric Beds - \$800.00/day Psychiatric Emergency Service Center - \$2,600 for first 3 days & \$800.00/day after Crisis Stabilization Unit (up to 3 days stay) - \$500.00/day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	Facility is under contract
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	Facility is under contract

II.C Plan for Local, Short-term Management for People Deemed Incompetent to Stand Trial Pre- and Post-arrest

1. Identify local inpatient or outpatient alternatives, if any, to the state hospital the local service area has for competency restoration? Indicate "N/A" if the LMHA or LBHA does not have any available alternatives.

Response: MHMRCV has a 12 bed Mental Health Crisis Respite facility available for adults. MHMRCV has Jail Based Competency Restoration (JBCR) Program funded through HHSC. Services include Mental Health and substance use treatment as well as competency education for individuals in jail who are found incompetent to stand trial and referred to the program.

2. What barriers or issues limit access or utilization to local inpatient or outpatient alternatives?

Response: Workforce shortages at MH Crisis Respite. Also, MHMRCV had an Outpatient Competency Restoration program, however, could not get community “buy in” to allow a person in jail to be released into an OCR program. The biggest issue with local judicial and district attorneys was the concern for the safety of the community and “what if” a person released harmed someone.

3. Does the LMHA or LBHA have a dedicated jail liaison position? If so, what is the role of the jail liaison and at what point is the jail liaison engaged? Identify the name(s) and title(s) of employees who operate as the jail liaison.

Response: Yes, the Jail Based Services Director at MHMRCV is Dawn Smith, LCSW. This staff’s role is to supervise two staff (Jail Navigator and Jail Continuity of Care) as well as provide services to justice-involved individuals identified with a serious mental illness with the goal of transitioning the person directly from jail to the community to improve quality of life, support physical and mental health stabilization, and reduce recidivism.

Additional supports include:

- Mental health & substance use disorder screening & assessment, safety screening, coordinating access to medication, & continuity of care services, including identifying & linking the person with services necessary to ensure the transition to routine care in the community.
- MH & substance use treatment, case management, continuity of care crisis follow-up, crisis services, housing resources, peer support services, and other community resources.
- Assist with benefits applications.
- Develop a treatment/recovery plan as well as a reentry plan.

4. If the LMHA or LBHA does not have a dedicated jail liaison, identify the title(s) of employees who operate as a liaison between the LMHA or LBHA and the jail.

Response: N/A

5. What plans, if any, are being developed over the next two years to maximize access and utilization of local alternatives for competency restoration?

Response: MHMRCV is actively working with the Tom Green County Jail with continuing to develop and improve the Jail Based Competency Restoration program.

Additionally, MHMRCV has just opened a Crisis Diversion Center (CDC). MHMRCV staff at the jail will coordinate with the CDC to provide supports to individuals post jail release. Information about the CDC will be presented to inmates, including those on the JBCR program, while incarcerated. If the individual agrees to be diverted upon release from jail the CDC will coordinate transportation and provide the following supports:

- Crisis Triage & 23-hour observation capable of addressing co-occurring MH & SUD needs. This would include crisis intervention/treatment (including screening for suicide risk/planning), psychiatric and counseling support, medical assistance for minor issues, case management/coordination to address social determinants of health, & transportation if higher levels of need are determined.
- Linkage to community supports.
- Crisis Respite and housing supports.

6. Does the community have a need for new alternatives for competency restoration? If so, what kind of program would be suitable (e.g., Outpatient Competency Restoration, Inpatient Competency Restoration, Jail-based Competency Restoration, FACT Team, Post Jail Programs)?

Response: MHMRCV would like to grow the Jail Based Competency Restoration program.

7. What is needed for implementation? Include resources and barriers that must be resolved.

Response: To grow the Jail Based Competency Restoration program would require more staff and resources.

II.D Seamless Integration of Emergent Psychiatric, Substance Use, and Physical Health Care Treatment and the Development of Texas Certified Community Behavioral Health Clinics

1. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services? Who did the LMHA or LBHA collaborate with in these efforts?

Response:

- As part of the 1115 Medicaid Waiver DSRIP program, MHMRCV, in partnership with Shannon Health System, developed and implemented an integrated primary and behavioral health program at the MHMRCV adult outpatient clinic. Although DSRIP has ended this program continues as it greatly benefits patients in services.
- Community Mental Health Grant project: "Continuum of Care: From Crisis to Recovery" project has developed a Co-Occurring Psychiatric & Substance Disorders program at the adult outpatient clinic.
- MHMRCV obtained substance use disorder (SUD) License #4660 to serve adults (male & female). New contracts with HHSC to provide SUD individual & group counseling and education was implemented. MHMRCV is working to expand our SUD license to provide services to youth.
- MHMRCV has recently opened a Crisis Diversion Center (CDC) to assist with deescalating the severity of a person's level of distress and/or need for urgent care associated with a substance use or mental disorder. Services are designed to prevent or improve a behavioral health crisis by providing continuous observation & supervision along with behavioral health treatment, and other community supports.
- MHMRCV CCBHC Certification earned on 3/1/22. MHMRCV has multiple Designated Collaborating Organizations (DCO). Some of these include West Texas Counseling & Guidance, Children's Advocacy Center, Alcohol and Drug Awareness Center, La Esperanza Clinic (FQHC), & Shannon Health System.
- The Alcohol and Drug Awareness Center for the Concho Valley (ADACCC) provides outpatient substance use services and has a medical detox facility.
- Shannon Health System provides inpatient and outpatient mental and behavioral health services. Their emergency department has implemented telepsychiatry.

- La Esperanza Clinic provides physical and behavioral health services.
2. What are the plans for the next two years to further coordinate and integrate these services?

Response:

- Continue to work on transformational grants to fill gaps in services.
- Continue to provide primary and behavioral healthcare integration services at the MHMRCV adult Outpatient Clinic.
- Continue the work plan associated with the HB13 community mental health grant.
- Continue the work plan associated with the Crisis Diversion Center.
- Continue requirement for certification through HHSC as a Certificated Community Behavioral Health Clinic.
- Maintain Substance Use Disorder (SUD) licensure status and work toward youth licensure.
- Maintain relationships with current Designated Collaborating Organizations (DCO) and work to further develop the DCO network.
- Seek additional funding opportunities to fully develop and adequately provide SUD services and Care Coordination.
- Explore opportunities to develop a youth crisis respite program.

II.E Communication Plans

1. What steps have been taken to ensure key information from the Psychiatric Emergency Plan is shared with emergency responders and other community stakeholders?

Response: MHMRCV coordinates meetings with stakeholders via a jail diversion partnership meeting. MHMRCV staff regularly communicates with mental health deputies, local hospital emergency departments, and local behavioral health hospitals. The CLSP is posted on the MHMRCV website.

MHMRCV staff participate in informal and formal meetings with community stakeholders and stakeholder groups throughout the fiscal year.

2. How will the LMHA or LBHA ensure staff (including MCOT, hotline, and staff receiving incoming telephone calls) have the information and training to implement the plan?

Response:

- The finalized CLSP will be posted on the MHMRCV website to ensure availability to staff for review.
- The finalized CLSP will be reviewed by the Planning and Network Advisory Committee.
- The finalized CLSP will be reviewed by MCOT and MHMRCV reception staff at an in-service meeting.
- MHMRCV regularly sends staff to applicable trainings when they become available.
- MCOT, contracted crisis hotline staff, and clinic staff receive annual training and additional training as needed to remain competent to implement the plan.
- MCOT sends staff to state hospital forensic conferences as scheduled.

II.F Gaps in the Local Crisis Response System

Use the table below to identify the critical gaps in the local crisis emergency response system? Consider needs in all parts of the local service area, including those specific to certain counties. Add additional rows if needed.

Table 7: Crisis Emergency Response Service System Gaps

County	Service System Gaps	Recommendations to Address the Gaps	Timeline to Address Gaps (if applicable)
All 7 counties	Training in Behavioral Health for law enforcement/first responders and jail staff.	Work with county & city partners to allow MHMRCV to provide BH training with law enforcement & jail staff, as well as police academy & COG law enforcement academy.	
All 7 counties	Budget limitations within MHMRCV & law enforcement Agencies.	Seek funding opportunities / apply for grants. Educate legislators on the need for law enforcement/crisis response funding.	
All 7 counties	Mental Health Deputies are often the first response to people experiencing a mental health crisis in the community with MCOT meeting the deputies at a safe location.	Establish a co-responder program to pair law enforcement officers with mental health professionals to respond to mental health crisis calls.	
All 7 counties	Currently there are limited crisis respite options available to youth experiencing a MH crisis in the community.	Seek funding & work to expand crisis respite services for youth.	
All 7 counties	Limited funding and few housing options prevent the provision of housing services and support.	Seek additional funding to expand current housing services.	
All 7 counties	Peer Support is not currently utilized in reentry planning for people exiting the criminal justice system.	Explore opportunities to increase utilization of Peer Support Specialists in other programs to minimize perceived risk of employing peers in reentry programs.	

Section III: Plans and Priorities for System Development

III.A Jail Diversion

The Sequential Intercept Model (SIM) informs community-based responses to people with mental health and substance disorders involved in the criminal justice system. The model is most effective when used as a community strategic planning tool to assess available resources, determine gaps in services, and plan for community change.

A link to the SIM can be accessed here:

<https://www.prainc.com/wp-content/uploads/2017/08/SIM-Brochure-Redesign0824.pdf>

In the tables below, indicate the strategies used in each intercept to divert people from the criminal justice system and indicate the counties in the service area where the strategies are applicable. List current activities and any plans for the next two years. Enter N/A if not applicable.

Table 8: Intercept 0 Community Services

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Crisis Phone Lines <ul style="list-style-type: none">• MHMRCV Crisis Hotline• Angelo State University Crisis Help Line• Open Arms – Sexual Assault Crisis Hotline• Warmline – West TX Counseling & Guidance Crisis Line	Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green	Continue to promote the MHMRCV Crisis Hotline and the 988 Suicide & Crisis Lifeline.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Mobile Crisis Response Team <ul style="list-style-type: none"> • MHMRCV MCOT • MH Deputy Program 	MHMRCV MCOT: Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green MH Deputy: Coke, Concho, Reagan, Sterling, Tom Green	Work to improve funding for MCOT & MH Deputy programs.
Crisis Units <ul style="list-style-type: none"> • MHMRCV Crisis Respite • MHMRCV Crisis Diversion Center • Crisis Stabilization & Private Psychiatric Beds – Shannon Behavioral Health/Shannon Rivercrest plus several hospitals outside catchment area 	Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green	Continue developing & implementing the Crisis Diversion Center. Explore opportunities to develop a youth crisis respite program.
Detox Services & Substance Services <ul style="list-style-type: none"> • MHMRCV Co-Occurring Psychiatric & Substance Disorder Program • MHMRCV SUD Program • ADAC Inpatient & Outpatient Programs 	Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green	Seek additional funding opportunities to fully develop and adequately provide SUD services. Work to become licensed & begin providing Youth SUD services.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<p>Community Services</p> <ul style="list-style-type: none"> • MHMRCV – LMHA MH & Behavioral Health services • WTCG – counseling services • Shannon Health System – inpatient & outpatient BH services <p>Peer Supports</p> <ul style="list-style-type: none"> • San Angelo Clubhouse • NAMI San Angelo <p>Veteran Services</p> <ul style="list-style-type: none"> • MHMRCV – MVPN Program • WTCG – Veteran Services • Veteran County Service Office • DAV San Angelo • Veteran Support Organizations <p>Housing/Shelter</p> <ul style="list-style-type: none"> • San Angelo Public Housing Authority • Salvation Army Shelter • Concho Valley Homeless Planning Coalition • San Angelo Community & Housing Support • Concho Valley Community Action Agency • ICD Domestic Family Shelter • MHMRCV Crisis Respite / Crisis Diversion Center / Housing Assistance Program 	<p>Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green</p>	<p>Housing:</p> <p>Work with community partners to develop transitional housing.</p> <p>Work with HUD to expand MHMRCV’s apartment complex, Windy Meadows, to address housing needs for people with severe mental illness.</p> <p>Apply for a General Service Assistance Grant with the Texas Veterans Commission to offer rental/housing and utility assistance.</p> <p>Peer Supports:</p> <p>Seek additional funding to support the San Angelo Clubhouse.</p>

Table 9: Intercept 1 Law Enforcement

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
911 Dispatch/Emergency Communications <ul style="list-style-type: none"> • TGC Dispatch – Tom Green Sheriff's Office • Regional 911 - Concho Valley Council of Governments 	Tom Green County Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green	Continue partnership.
Law Enforcement <ul style="list-style-type: none"> • San Angelo Police Department • Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green County Sheriff's Offices • Angelo State University Police Department 	Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green	Continue partnership.
Emergency Medical Services <ul style="list-style-type: none"> • San Angelo Fire Department • Coke County EMS • Eden EMS Services (Concho County) • Crockett County EMS • Irion County Ambulance Services • Reagan County Fire & EMS • Sterling County EMS 	Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green	Continue partnership.
Hospitals <ul style="list-style-type: none"> • Shannon Behavioral Health (inpatient psychiatric) • Shannon Rivercrest (inpatient psychiatric) • Shannon Medical Center (Emergency Department) • Scenic Mountain Medical Center (inpatient Behavioral Health, Big Spring, TX) • Concho County Hospital (Emergency Department) • Reagan County (Emergency Department) 	Shannon Health System – located in San Angelo. All counties have access.	Continue partnership.

Table 10: Intercept 2 Post Arrest

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<p>Initial Detention</p> <ul style="list-style-type: none"> • TGC Detention Center • TGC Juvenile Detention Center • Crockett County Jail • Reagan County Jail <p>Booking</p> <ul style="list-style-type: none"> • Screening Assessment for Suicide & Medical & Metal Impairments. Substance Use Screening. • New – MHMRCV new Jail Continuity of Care program – staff will screen most people entering the jail for BH needs. <p>TLETS CoC Query / CARE Match</p> <ul style="list-style-type: none"> • Magistrate is notified if there is a match & orders MHMRCV to assess the individual for MI or IDD. 	<p>Tom Green County Crockett County Reagan County</p>	<p>Work to develop the new Jail Continuity of Care Program to be inclusive at the TGC jail, Crockett jail, and Reagan jail.</p>
<p>Initial Court Appearance – Magistration</p> <ul style="list-style-type: none"> • TGC District Courts - Bond discussions are set by the district judge. • Pre-Trial Diversion/Intervention program – TGC CSCD 	<p>Tom Green</p>	<p>Work to develop new Jail Continuity of Care Program & provide linkages to the Crisis Diversion Center.</p>

Table 11: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<p>Courts:</p> <p>In Tom Green County there are 4 District Courts, 3 Misdemeanor Drug Courts, 2 Treatment Courts, & 1 appointed Criminal Magistrate Court that have jurisdiction in criminal cases.</p>	<p>Tom Green</p>	<p>Work with TGC to develop a Veteran Treatment court & a Mental Health Treatment Court.</p>

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<p>Jail:</p> <p>Tom Green County – Health Services</p> <ul style="list-style-type: none"> • Mental Health Provider – MHMRCV – 4 hours/week, La Esperanza Clinic – 4 hours/week • Physical Health Provider – Primary Care – Shannon Health System, Dental – La Esperanza • New – MHMRCV is in the early stages of implementing a Jail Continuity of Care program. <p>Reagan County – Mental Health Provider – MHMRCV (as requested)</p> <p>Crockett County – Mental Health Provider (private contract)</p>	Tom Green Reagan Crockett	<p>Work with TGC to increase the number of hours/weeks of psychiatric services provided by MHMRCV psychiatric services.</p> <p>Work with Crockett County to develop psychiatric services through MHMRCV at the Crockett jail.</p> <p>Continue to develop & implement the Jail Continuity of Care program.</p>
<p>Competency Restoration</p> <ul style="list-style-type: none"> • MHMRCV provides Jail Based Competency Restoration 	Tom Green	Continue to develop JBCR program. Work to seek additional funding to expand services.

Table 12: Intercept 4 Reentry

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<p>Jail Reentry</p> <ul style="list-style-type: none"> • TCOOMMI Outpatient Services (COC, Routine & Intensive Case Management, Psychiatric & nursing supports, and medication supports). • Jail Continuity of Care Program • Crisis Diversion Center 	Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green	<p>Continue to develop the Crisis Diversion Center and Jail Continuity of Care program to improve reentry efforts with all jails in catchment area.</p> <p>Work with the TGC Juvenile Justice Center to develop a Youth Crisis Receiving Center & Youth Crisis Respite Center</p>

Table 13: Intercept 5 Community Corrections

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<p>Parole: TX Department of Criminal Justice, Parole Division, Region V, San Angelo Parole Office Specialized Caseloads</p> <ul style="list-style-type: none"> Offered through TCOOMMI (COC, Routine & Intensive Case Management, Psychiatric & nursing supports, and medication supports). The TX Risk Assessment System is used to determine specialized service needs & placement on specialized caseloads. 	Tom Green	Continue partnership.
<p>Probation: Concho Valley Community Supervision & Corrections Department Adult Probation Specialized Caseloads – MH specialized caseload & Substance Use caseload</p> <ul style="list-style-type: none"> TCOOMMI (COC, Routine & Intensive Case Management, Psychiatric & nursing supports, and medication supports). <p>Texas Juvenile Justice Department</p> <ul style="list-style-type: none"> TCOOMMI Case Management 	Tom Green	<p>Continue partnership.</p> <p>Seek opportunities to develop Assisted Outpatient Treatment. This program would work in tandem with a MH Court once developed.</p>
<p>Community Supports See Intercept 0</p>		

III.B Other Behavioral Health Strategic Priorities

The Statewide Behavioral Health Coordinating Council (SBHCC) was established to ensure a strategic statewide approach to behavioral health services. In 2015, the Texas Legislature established the SBHCC to coordinate behavioral health services

across state agencies. The SBHCC is comprised of representatives of state agencies or institutions of higher education that receive state general revenue for behavioral health services. Core duties of the SBHCC include developing, monitoring, and implementing a five-year statewide behavioral health strategic plan; developing annual coordinated statewide behavioral health expenditure proposals; and annually publishing an updated inventory of behavioral health programs and services that are funded by the state.

The [Texas Statewide Behavioral Health Plan](#) identifies other significant gaps and goals in the state's behavioral health services system. The gaps identified in the plan are:

- Gap 1: Access to appropriate behavioral health services
- Gap 2: Behavioral health needs of public-school students
- Gap 3: Coordination across state agencies
- Gap 4: Supports for Service Members, veterans, and their families
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services
- Gap 9: Behavioral health services for people with intellectual and developmental disabilities
- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

- Goal 1: Intervene early to reduce the impact of trauma and improve social determinants of health outcomes.
- Goal 2: Collaborate across agencies and systems to improve behavioral health policies and services.
- Goal 3: Develop and support the behavioral health workforce.
- Goal 4: Manage and utilize data to measure performance and inform decisions.

Use the table below to briefly describe the status of each area of focus as identified in the plan (key accomplishments, challenges, and current activities), and then summarize objectives and activities planned for the next two years.

Table 14: Current Status of Texas Statewide Behavioral Health Plan

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Expand Trauma-Informed Care, linguistic, and cultural awareness training and build this knowledge into services	<ul style="list-style-type: none"> Gaps 1, 10 Goal 1 	<p>MHMRCV was certified as a Trauma Informed organization by the National Council for BH in 2019. MHMRCV maintains Policies & Procedures on TIC & assures all staff receive annual training on TIC.</p> <p>MHMRCV maintains a Cultural & Linguistic Competence Plan. All staff are trained on this plan.</p> <p>Language preference is respected for all. It is recorded in client demographic information. MHMRCV utilizes the Language Line & Hands Up Interpreting & Consulting.</p>	Continue TIC training for all staff, Cultural & Linguistic Competence Plan and Linguistic preferences for all served.
Coordinate across local, state, and federal agencies to increase and maximize use of funding for access to housing, employment, transportation, and other needs that impact health outcomes	<ul style="list-style-type: none"> Gaps 2, 3, 4, 5, 10, 12 Goal 1 	<p>MHMRCV offers screening of the need for non-medical drivers of health for all patients. These results guide care planning for housing, employment, transportation, etc.</p> <p>MHMRCV participates in the Concho Valley Homeless Planning Coalition & Tom Green County Hunger Coalition. No funding is associated with participation.</p>	Continue MOUs & Contracts with Designated Collaborating Organizations for care coordination to better support people in our services.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	<ul style="list-style-type: none"> • Gaps 1, 10 • Goal 1 	MHMRCV focuses potential funding opportunities to meet needs identified through our 3 Year Behavioral Health Needs Assessment. These needs become part of the MHMRCV Strategic Plan.	Continue to work to seek funding & services to address barriers & expand BH services.
Implement services that are person- and family-centered across systems of care	<ul style="list-style-type: none"> • Gap 10 • Goal 1 	MHMRCV works to ensure all clinical services (Adult & Youth) are person centered and family centered. Clinical staff are trained in person/family centered services.	Continue to ensure clinical staff are trained & implement person centered / family-centered system of care.
Enhance prevention and early intervention services across the lifespan	<ul style="list-style-type: none"> • Gaps 2, 11 • Goal 1 	<p>MHMRCV actively engages community members, as well as staff with training in Mental Health First Aid (adult, youth, military), AS+K & Military Cultural Competence training to assist to better equip persons with early intervention skills.</p> <p>MHMRCV also participates in community events such as health fairs & homeless navigation days to provide education & information on behavioral health services for adults & children.</p>	<p>Increase awareness trainings offered to all counties served.</p> <p>Continue to participate in community events throughout the MHMRCV catchment area.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Identify best practices in communication and information sharing to maximize collaboration across agencies	<ul style="list-style-type: none"> Gap 3 Goal 2 	<p>MHMRCV has MOUs in place with many agencies & partners within the Concho Valley for information sharing & continuity.</p> <p>MHMRCV leads the local Concho Valley Health & Social Resources Coalition where information on healthcare & social services is shared with coalition agencies.</p>	Continue to maintain & grow MOUs with partner agencies. Continue to lead the information sharing on health & social resources within the community.
Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems	<ul style="list-style-type: none"> Gaps 1, 3, 7 Goal 2 	A SIM mapping workshop for adults occurred in August 2022. A Youth SIM workshop occurred in July 2024. The result is an agreed upon strategic plan for addressing gaps in services.	Continue to build BH Leadership Committee, meet regularly with partner agencies, & seek grants/funding for the SIM identified gaps in services.
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	<ul style="list-style-type: none"> Gap 3 Goal 2 	<p>The SBHCC Plan with identified gaps is always reviewed when MHMRCV applies for grant opportunities.</p> <p>The SBHCC Strategic Plan gaps & priorities are reflected in MHMRCV's 3 Year Behavioral Health Needs Assessment.</p>	Continue to explore program/funding opportunities that address gaps in BH services identified in the SBHCC Strategic Plan.
Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care	<ul style="list-style-type: none"> Gaps 1, 11, 14 Goal 2 	As part of a SAMHSA grant for MH education MHMRCV maintains a document on links to community services. This document is available to everyone on the MHMRCV website.	Continue to maintain this resource guide.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	<ul style="list-style-type: none"> Gaps 1, 5, 6 Goal 2 	MHMRCV has a staff assigned to COC duties. Additionally, MHMRCV is just starting a new program, the Jail Continuity of Care program at the TGC Jail.	<p>Continue to provide COC services.</p> <p>Work to fully develop the Jail COC program not only at the TGC jail but at the Reagan County & Crockett County jails.</p>
Develop step-down and step-up levels of care to address the range of participant needs	<ul style="list-style-type: none"> Gaps 1, 5, 6 Goal 2 	As a Local Mental Health Authority MHMRCV provides a variety of levels of care of service ranging from routine to intensive services based on the assessed need of an individual via an ANSA or CANS assessment. This assessment can be completed at any time as needs change to allow for the level of care to adjust as needed.	Continue assessment of LOC needs based on those persons served specific needs.
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	<ul style="list-style-type: none"> Gaps 3, 14 Goal 3 	<p>MHMRCV's Utilization Management Committee meets bimonthly to evaluate trends in services such as waitlists, crisis oversight, medication costs, lead time for appointments, appeals, inpatient hospitalization usage, etc.</p> <p>Additionally, levels of care are based on the CANS & ANSA assessments, but patient choice is always an option with LOC assignment.</p>	Continue having the UM Committee meet bimonthly to review trends and assure patient choice with LOC determinations.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore opportunities to provide emotional supports to workers who serve people receiving services	<ul style="list-style-type: none"> Gap 13 Goal 3 	MHMRCV is a Trauma Informed Care organization. MHMRCV has policies & procedures that enhance employees' work life such as an Employee Assistance Program, programs to recognize employees for their service & excellence. MHMRCV also has a full benefit program that includes vacation time & sick leave along with additional personal days for staff to utilize when needed.	Continue programs that support our valued staff.
Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce	<ul style="list-style-type: none"> Gaps 13, 14 Goal 3 	<p>MHMRCV's Strategic Plan 1st goal is to be an employer of choice for prospective & current employers. To that end turnover rates & time to fill positions are monitored monthly/annually. An employee satisfaction survey is also implemented biannually to solicit employee feedback.</p> <p>Furthermore, MHMRCV works to allow many flexibilities to retain staff such as allowing some positions to work remotely & flexing work schedules.</p>	<p>Continue efforts to address recruitment & retention of staff.</p> <p>Continue to seek new & innovative recruitment & retention strategies.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Implement a call to service campaign to increase the behavioral health workforce	<ul style="list-style-type: none"> Gap 13 Goal 3 	<p>MHMRCV's HR department actively works though Indeed to advertise & recruit staff. HR has utilized Linked In as well as recruiting agencies to seek specialized staff.</p> <p>MHMRCV's communications department is involved in advertising BH positions via social media outlets & attends job fairs throughout the catchment area.</p>	Continue advertising campaign & seek new & innovative ways to recruit the BH workforce.
Develop and implement policies that support a diversified workforce	<ul style="list-style-type: none"> Gaps 3, 13 Goal 3 	MHMRCV embraces a diversified workforce & has an Affirmative Action Plan designed to assure equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability, genetic information, or veteran's status. It includes practices required to ensure that all qualified applicants and employees receive an equal opportunity for recruitment, selection, advancement, & privilege associated with employment.	Continue.
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	<ul style="list-style-type: none"> Gaps 3, 13 Goal 3 	MHMRCV works to address all state requirements with State contracts. We assess the benefits for employing staff verses contracting to meet the needs of the contract.	Continue to work on this.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	<ul style="list-style-type: none"> Gaps 3, 14 Goal 4 	MHMRCV's Utilization Management Committee meets bimonthly to evaluate trends in services such as waitlists, crisis oversight, medication costs, lead time for appointments, appeals, inpatient hospitalization usage, etc. MHMRCV utilizes this information to improve services/supports.	Continue having the UM Committee meet bimonthly to review trends.
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	<ul style="list-style-type: none"> Gaps 3, 14 Goal 4 	MHMRCV utilizes all data portals provided by HHSC.	Locally, look into utilizing Unite Us, a community health platform.
Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources	<ul style="list-style-type: none"> Gaps 3, 4, 14 Goal 4 	MHMRCV has 2 veteran peer support staff who work to link Veterans and their families to services & supports within MHMRCV & other veteran services. These staff provide community trainings & outreach events throughout the catchment area to reach veterans who may need support.	Continue veteran peer supports & outreach events.
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	<ul style="list-style-type: none"> Gaps 7, 14 Goal 4 	MHMRCV collects & tracks data monthly ANSA (adult functioning), QIDS (Adult Depression), PHQ-9, CANS (Youth Functioning) & C&A MH School Functioning. These evidence-based assessments help guide quality improvement within MHMRCV.	Continue to track this data. Continue to utilize evidence-based practices within all MHMRCV services.

III.C Local Priorities and Plans

Based on identification of unmet needs, stakeholder input and internal assessment, identify the top local priorities for the next two years. These might include changes in the array of services, allocation of resources, implementation of new strategies or initiatives, service enhancements, quality improvements, etc.

List at least one but no more than five priorities.

For each priority, briefly describe current activities and achievements and summarize plans for the next two years, including a relevant timeline. If local priorities are addressed in the table above, list the local priority and enter “see above” in the remaining two cells.

Table 15: Local Priorities

Local Priority	Current Status	Plans
Address the loss of Supplemental COVID-19 Block Grant Funding & the demand for MH needs. Address the wait time from intake/assessment to seeing a psychiatrist/ANP for medication services. Address cost of living for BH workforce.	Providing information to the TX Council to help explain the need. Visit with legislators from the Concho Valley and/or their staff on the need of Core Community BH resources. Work to avoid developing a waiting list for services.	Educate legislators on the importance of funding for core services & address the need of increased demand for services. Continue to work to avoid waiting lists.
Youth Crisis Receiving / Crisis Respite Center	Participating with Youth SIM workgroup to address youth crisis receiving / crisis respite need. Discussed with HHSC representative on possibly developing a program to address the need.	Continue to work with Youth SIM workgroup to move this identified need forward. Continue to work with HHSC on possible funding to develop this service.

Local Priority	Current Status	Plans
Increase funding for TGC MH Deputy Program to address the cost of living & increased risks to deputies as calls are becoming more violent.	Submitted request to HHSC Forensic and Jail Diversion Services in September 2024.	TGC MH Deputies have started providing more detailed reports MHMRCV submits to HHSC. Continue this & advocacy for deputies as well as MHMRCV's MCOT services.
Establish a co-responder program to pair law enforcement officers with mental health professionals to respond to mental health crisis calls.	Discussing this program with local law enforcement.	Continue discussions with San Angelo Police Department and TGC Sheriff's Office.
Build peer support & transitional housing. Secure funding for the Clubhouse Model of Recovery and Transitional Living.	Working multiple grant opportunities. Educating elected officials.	Continue to educate legislators & advocate for the cost savings Clubhouse supports make in comparison to inpatient or incarceration. Advocate for housing supports as people cannot move towards recovery from mental illness without stable housing.

IV.D System Development and Identification of New Priorities

Developing the local plans should include a process to identify local priorities and needs and the resources required for implementation. The priorities should reflect the input of key stakeholders involved in development of the Psychiatric Emergency Plan as well as the broader community. This builds on the ongoing communication and collaboration LMHAs and LBHAs have with local stakeholders. The primary purpose is to support local planning, collaboration, and resource development. The information provides a clear picture of needs across the state and support planning at the state level.

Use the table below to identify the local service area's priorities for use of any new funding should it become available in the future. Do not include planned

services and projects that have an identified source of funding. Consider regional needs and potential use of robust transportation and alternatives to hospital care. Examples of alternatives to hospital care include residential facilities for people not restorable, outpatient commitments, and other people needing long-term care, including people who are geriatric mental health needs. Also consider services needed to improve community tenure and avoid hospitalization.

Provide as much detail as practical for long-term planning and:

- Assign a priority level of 1, 2, or 3 to each item, with 1 being the highest priority.
- Identify the general need.
- Describe how the resources would be used—what items or components would be funded, including estimated quantity when applicable.
- Estimate the funding needed, listing the key components and costs (for recurring or ongoing costs, such as staffing, state the annual cost).

Table 16: Priorities for New Funding

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
1	Example: <i>Detox Beds</i>	<ul style="list-style-type: none"> • <i>Establish a 6-bed detox unit at ABC Hospital.</i> 		
2	Example: <i>Nursing home care</i>	<ul style="list-style-type: none"> • <i>Fund positions for a part-time psychiatrist and part-time mental health professionals to support staff at ABC Nursing Home in caring for residents with mental illness.</i> • <i>Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.</i> 		

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
1.	Youth Crisis Respite	Establish a local Youth Crisis Receiving / Crisis Respite Center	\$1.3M	Tom Green County Juvenile Justice Center, Family & Protective Services, Children's Advocacy Center
2.	Adult Criminal Justice	Fund positions for a full-time psychiatrist and a full-time mental health professional to support staff at the Tom Green County Detention Center, the Reagan County Jail, & the Crockett County Jail in caring for detainees with mental illness. Install telemedicine equipment the Reagan County Jail & Crockett County Jail to support long-distance psychiatric consultation.	\$350,000	Tom Green County Reagan County Crockett County
3.	Community Response Team	Establish a co-responder program to pair law enforcement officers with mental health professionals to respond to mental health crisis calls as well as follow up after the crisis.	\$400,000	San Angelo Police Department San Angelo EMS Tom Green County Sheriff's Office

Appendix A: Definitions

Admission criteria – Admission into services is determined by the person’s level of care as determined by the TRR Assessment found [here](#) for adults or [here](#) for children and adolescents. The TRR assessment tool is comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the TRR Assessment module, such as items of Risk Behavior (Suicide Risk and Danger to Others) or Life Domain Functioning and Behavior Health Needs (Cognition), trigger a score that indicates the need for crisis services.

Community Based Crisis Program (CBCP) - Provide immediate access to assessment, triage, and a continuum of stabilizing treatment for people with behavioral health crisis. CBCP projects include contracted psychiatric beds within a licensed hospital, EOUs, CSUs, s, crisis residential units and crisis respite units and are staffed by medical personnel, mental health professionals, or both that provide care 24/7. CBCPs may be co-located within a licensed hospital or CSU or be within proximity to a licensed hospital. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA or LBHA funding.

Community Mental Health Hospitals (CMHH), Contracted Psychiatric Beds (CPB) and Private Psychiatric Beds (PPBs) – Hospital services staffed with medical and nursing professionals who provide 24/7 professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the person’s ability to function in a less restrictive setting.

Crisis hotline – A 24/7 telephone service that provides information, support, referrals, screening, and intervention. The hotline serves as the first point of contact for mental health crisis in the community, providing confidential telephone triage to determine the immediate level of need and to mobilize emergency services if necessary. The hotline facilitates referrals to 911, MCOT or other crisis services.

Crisis residential units (CRU) – Provide community-based residential crisis treatment to people with a moderate to mild risk of harm to self or others, who may have fairly severe functional impairment, and whose symptoms cannot be stabilized in a less intensive setting. Crisis residential units are not authorized to accept people on involuntary status.

Crisis respite units – Provide community-based residential crisis treatment for people who have low risk of harm to self or others, and who may have some functional impairment. Services may occur over a brief period of time, such as two hours, and generally serve people with housing challenges or assist caretakers who need short-term housing or supervision for the person they care for to avoid mental health crisis. Crisis respite units are not authorized to accept people on involuntary status.

Crisis services – Immediate and short-term interventions provided in the community that are designed to address mental health and behavioral health crisis and reduce the need for more intensive or restrictive interventions.

Crisis stabilization unit (CSU) – The only licensed facilities on the crisis continuum and may accept people on emergency detention or orders of protective custody. CSUs offer the most intensive mental health services on the crisis facility continuum by providing short-term crisis treatment to reduce acute symptoms of mental illness in people with a high to moderate risk of harm to self or others.

Diversion centers - Provide a physical location to divert people at-risk of arrest, or who would otherwise be arrested without the presence of a jail diversion center and connects them to community-based services and supports.

Extended observation unit (EOU) – Provide up to 48-hours of emergency services to people experiencing a mental health crisis who may pose a high to moderate risk of harm to self or others. EOUs may accept people on emergency detention.

Jail-based competency restoration (JBCR) - Competency restoration conducted in a county jail setting provided in a designated space separate from the space used for the general population of the county jail with the specific objective of attaining restoration to competency pursuant to Texas Code of Criminal Procedure Chapter 46B.

Mental health deputy (MHD) - Law enforcement officers with additional specialized training in crisis intervention provided by the Texas Commission on Law Enforcement.

Mobile crisis outreach team (MCOT) – A clinically staffed mobile treatment teams that provide 24/7, prompt face-to-face crisis assessment, crisis intervention services, crisis follow-up and relapse prevention services for people in the community.

Outpatient competency restoration (OCR) - A community-based program with the specific objective of attaining restoration to competency pursuant to Texas Code of Criminal Procedure Chapter 46B.

Appendix B: Acronyms

CBCP	Community Based Crisis Programs
CLSP	Consolidated Local Service Plan
CMHH	Community Mental Health Hospital
CPB	Contracted Psychiatric Beds
CRU	Crisis Residential Unit
CSU	Crisis Stabilization Unit
EOU	Extended Observation Units
HHSC	Health and Human Services Commission
IDD	Intellectual or Developmental Disability
JBCR	Jail Based Competency Restoration
LMHA	Local Mental Health Authority
LBHA	Local Behavioral Health Authority
MCOT	Mobile Crisis Outreach Team
MHD	Mental Health Deputy
OCR	Outpatient Competency Restoration
PESC	Psychiatric Emergency Service Center
PPB	Private Psychiatric Beds
SBHCC	Statewide Behavioral Health Coordinating Council
SIM	Sequential Intercept Model